2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N04000005916

Entity Name: TRINITY FELLOWSHIP, INC.

Current Principal Place of Business:

668 STATE ROAD 60 WEST
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

247 1ST AVENUE SOUTH
LAKE WALES, FL 33859 US

New Mailing Address:

FEI Number: 20-1246129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEADMAN, LINDA
247 1ST AVENUE SOUTH
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KEN, STEADMAN
Address: 247 1ST AVENUE SOUTH
City-St-Zip: LAKE WALES, FL 33859 US

Title: VP ( ) Delete
Name: DE LOIS, PRESTON
Address: 13 HILLCREST AVENUE
City-St-Zip: LAKE WALES, FL 33853 US

Title: SEC ( ) Delete
Name: JACKSON, PAULINE
Address: 2149 S LAKE REEDY BLVD
City-St-Zip: FROSTPROOF, FL 33843 US

Title: TRES ( ) Delete
Name: LINDA, STEADMAN
Address: 247 1ST AVENUE SOUTH
City-St-Zip: LAKE WALES, FL 33859 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA STEADMAN T 01/26/2009

Electronic Signature of Signing Officer or Director — Date